

DECERTIFICATION SIGNATURE CARD

NAME: (print) \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSITION: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
(Area Code & Number)

I no longer wish to be represented by \_\_\_\_\_  
(Name of Organization)

\_\_\_\_\_, its agents or representatives for the purpose of collective negotiations with respect to terms and conditions of employment, the negotiation of collective agreements, and any questions arising thereunder.

I hereby revoke every other designation of authorization, if any, previously made by me for such purposes.

(Signed) \_\_\_\_\_

WITNESS: \_\_\_\_\_

------(Cut here ✂)-----

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